### **Health and Safety Cleaning Checklist**

**Location:** [Specify location]  
**Date:** [Insert date]  
**Inspector(s):** [Insert name(s)]  
**Area Cleaned:** [Specify area or section]

| **Item** | **Description** | **Yes/No/NA** | **Notes/Action Required** | **Completed By** | **Completion Date** |
| --- | --- | --- | --- | --- | --- |
| 1.1 | Floors are swept, mopped, and free from debris or hazards |  |  |  |  |
| 1.2 | Trash and recycling bins are emptied regularly |  |  |  |  |
| 1.3 | Restrooms are cleaned, stocked, and sanitized |  |  |  |  |
| 1.4 | High-touch surfaces (e.g., doorknobs, switches) are disinfected daily |  |  |  |  |
| 1.5 | Cleaning supplies are labeled and stored correctly |  |  |  |  |
| 1.6 | PPE for cleaners (e.g., gloves, masks) is available and used |  |  |  |  |
| 1.7 | Hazardous cleaning chemicals are used as per safety protocols |  |  |  |  |